

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore

Permit No. 98832

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 25 March 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Minerva Howard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland USA

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, { Give street and number. } 23 S. Fulton Ave.

Cause of Death, { First, (Primary.) Cardiac & General Atherosclerosis. } { Second, (Immediate.) Cardiac Failure }

Duration of Last Sickness, 2 1/2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cemetery

Date of Burial, March 28

J.B. Leonard

M.D.,

Medical Attendant.

Undertaker, J.B. Cook

Place of Business, 9003 W Baltimore

Address, 313 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 16

Permit No. 98833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm James Miller

Sex, Male or Female, { cross out the word not required in this line. }

Age, 18 Years, 10 Months, 0 Days.

Color, African

Married, Single, Widower or Widower, { Cross out the word not required in this line. }

Occupation, Day laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Queen Anne's Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } 335 Dawson alley

Cause of Death, { First, (Primary) } Pneumonia { Second, (Immediate) } Pulmonary Haemorrhage

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, W. Peebles Cents

Date of Burial, March 26, 1887 William B. Caulfield, M. D.

Medical Attendant

Undertaker, Geo. E. Brown

Place of Business, Health Office, Address, 1010 North Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98834 Office of Registrar of Vital Statistics. Ward 15^{1/4}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23rd 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Griffin

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 35 Years, — Months, — Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

va

Duration of Residence in the City of Baltimore,

14 years

Place of Death, { Give Street and Number. }

21 Church St

Cause of Death, { First (Primary),
Second (Immediate), }

Phtisis. Pulmonal
Genl Debility

Duration of Last Sickness,

11 months

All the above information should be furnished by the Physician.

Place of Burial, Calvert Cemetery

JFB Stobie M. D.

Date of Burial, March 27th 1889

Medical Attendant.

{ Undertaker, Frank W. Chase

{ Place of Business, 641 E. Howard St.

Address, 301 Warren St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98835 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. a

Date of Death, March 25th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine A. Phobbs

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 3 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } - - -

Occupation, - - -

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, - - -

Place of Death, { Give Street and Number. } 1631 E.ager

Cause of Death, { First (Primary), Acute Cholera. } Second (Immediate), Pericarditis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th

Undertaker, Geotefilling

M. B. Billings, M. D.
Medical Attendant.

Place of Business, Philadelphia, Address, 1206 E. Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8836 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ellen Thornton

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

40 Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland. A.A. Co.

Duration of Residence in the City of Baltimore,

Four Years

Place of Death, { Give Street and Number. }

410 Pearl

Cause of Death, { First (Primary), }

Consumption

Second (Immediate),

Duration of Last Sickness,

8 Months

All the above information should be furnished by the Physician.

Place of Burial,

A.A. Co. Md.

Date of Burial,

March 27 1887

W.F. A. Kemp

M. D.

Medical Attendant.

{ Undertaker,

J. W. Weaver.

{ Place of Business,

#738 St. Eutaw.

Address, 305 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 98837

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98837

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, Nov 24th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hoffman

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 42 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation, Bar Tender

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 536 Ma Mechanis St

Cause of Death, { First (Primary), Pulmonary Phthisis
Second (Immediate), Asthma }

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 27th 1887

Undertaker, J E Murphy & Co

Place of Business, 1108 Penn Ave

Heller.

M. F.

Medical Attendant.

Address, 639 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, as far as and date of death.

Health Department, City of Baltimore.

Permit No. 98838 Office of Registrar of Vital Statistics. Ward 8^{1/4}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophie Elizabeth Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years,

7 Months,

2 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, { Give Street and Number. }

1704 Carter Alley

Cause of Death, { First (Primary). }

Consumption

Second (Immediate),

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Ground

Date of Burial, Mch 27/88

E. C. Gibbs

M. D.

Medical Attendant.

{ Undertaker, Wm. A. Knobell }

Address,

438 E. Lynnswood St

{ Place of Business, 560 Orchard }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98889

Office of Registrar of Vital Statistics.

Ward 2 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 15, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Strobel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Boston

Duration of Residence in the City of Baltimore, 1 year, 3 months

Place of Death, { Give Street and Number. } 823 (new) S. Delta.

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), Typhosus.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews.

Date of Burial, March 26

Undertaker, H. Dippel

Place of Business, 151 S. Bond Street Address, 245 S. Baltimore

J. J. Jackson, M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98840 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sadie M. Yord

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 3 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1352. Clearview Avenue

Cause of Death, { First (Primary), Second (Immediate), } Mae "Nutrition" Inanition

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, W. Dut. Cem

Date of Burial, MCL 26 ' 1887

Undertaker, Geo. E. Brown

Place of Business, City

James A. Stein M. D.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dreding Inspector

Health Department, City of Baltimore.

Permit No. 98841

Office of Registrar of Vital Statistics.

Ward

15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 25th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Agnes Dorsey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 5 Days.

Color,

Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

806 Rufket St.

Cause of Death, { First (Primary),
Second (Immediate), }

Spasms

Duration of Last Sickness,

1 Day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 26 / 87

M. D.

{ Undertaker, Scornell & Handz

Medical Attendant.

{ Place of Business, 198 West St / Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. C. Seward S. I.